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ABSTRACT

The attitudes and beliefs about utilization of mental health services of 201 African Americans, 18 years and older, are explored. One hundred and thirty-four females and 66 males participated in mixed sex focus groups conducted in an urban, Midwestern city. Discussion probes addressed participant perceptions of psychotherapists and psychotherapy, barriers to treatment seeking, and recommendations for improved service delivery. Focus group responses indicated that depression, schizophrenia, and suicide were considered primary reasons to seek treatment. Participants also noted the need for treatment in cases of drug and alcohol abuse, rape and other acts of violence against women, as well as grief. Key barriers to service utilization included the stigma of mental illness, lack of knowledge, affordability, lack of trust, impersonal service, and lack of cultural understanding and sensitivity. While participants reported that race should not matter, many believed that psychologists lacked sensitivity toward and knowledge of the African American community. There was concern that stereotypes affected therapists' attitudes toward and treatment of African American clients. Recommendations for more culturally sensitive services are provided. (Contains 15 references.) (Author/GCP)

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Running Head: African American's Perception

African Americans' Perceptions of Psychotherapy and Psychotherapists

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Abstract

The attitudes and beliefs about utilization of mental health services of 201 African Americans, 18 years and older, are explored. One hundred and thirty-four females and 66 males participated in mixed sex focus groups conducted in an urban, Midwestern city. Discussion probes addressed participant perceptions of psychotherapists and psychotherapy, barriers to treatment seeking, and recommendations for improved service delivery. Focus group responses indicated that depression, schizophrenia, and suicide were considered primary reasons to seek treatment. Participants also noted the need for treatment in cases of drug and alcohol abuse, rape and other acts of violence against women, as well as grief. Key barriers to service utilization included the stigma of mental illness, lack of knowledge, affordability, lack of trust, impersonal service, and lack of cultural understanding and sensitivity. While participants reported that race should not matter, many believed that psychologists lacked sensitivity toward and knowledge of the African American community. There was concern that stereotypes affected therapists' attitudes toward and treatment of African American clients. Recommendations for more culturally sensitive services are provided.

African Americans' Perceptions of Psychotherapy and Psychotherapists

African Americans have been identified as a group with inconsistent use of mental health services (Kessler, et al., 1994; Sue & Sue, 1990). Research has documented the overuse of inpatient services, over and under use of outpatient services depending on the setting and problem, as well as under use of college counseling services (Atkinson, Morten, & Sue, 1998). In addition, African Americans have been found to average fewer sessions and terminate from outpatient mental health services earlier than European Americans (Sue & Sue, 1990). Diala, Muntaner, Walrath, Nickerson, LaViest, & Leaf (2000) noted that African Americans were more likely than European Americans to report positive attitudes toward seeking professional help, feel comfortable about discussing personal problems with a professional, and less embarrassed about friends knowing that they were seeking assistance prior to service use. African Americans were reportedly more likely to report negative attitudes and less likely to use mental health services after professional contact. These findings suggest the importance of examining the expectations Africans Americans have of therapy and barriers to treatment seeking.

The National Black Survey examined African American help seeking behaviors for mental and emotional distress (Jackson, Neighbors, & Gurin, 1986). The study findings indicated that African Americans sought services as a result of physicians, family members, or friends' referral. Most African Americans experiencing emotional distress reported contacting physicians, ministers, and hospitals, while only 9% reported using psychologists, psychiatrists, or community mental health facilities.

Various variables have been suggested to explain the inconsistent mental health usage noted among African Americans. Therapists' race and/or ethnicity, style of therapy, facility policies, and client and therapist attitude similarity have been suggested as relevant factors (Asbury, Walker, Belgrave, Maholmes, & Green, 1994; Okonji, Ososkie, & Pylos, 1996; Thompson & West, 1993; Wilson & Stith, 1991). Interestingly, data from the National Survey of Black Mental Health indicated no therapist race or ethnicity preferences among African Americans surveyed (Jackson, et al., 1986). Fewer than 10% of African Americans saw an African American therapist and of those who did only 22% expressed such a preference. There was no impact of preference for an African American therapist on willingness to see a mental health provider again. Davis & Proctor (1989) note that while evidence suggests that race/ethnicity affects the therapeutic process, there is no evidence that racial dissimilarity impedes treatment outcome.

Silva de Crane & Spielberger (1981) noted that African Americans reported more negative attitudes toward the mentally ill than members of other ethnic groups. The presence of stigma has been cited as an influence on service utilization patterns. It is important to examine how the stigma of mental illness affects willingness to use, as well as refer for services.

Neighbors (1990) noted gender and problem type as issues affecting African American mental health service use. Based on data from the National Survey of Black Mental Health, African American women appeared more likely to seek mental health services than African American men. African American men reportedly were more likely to seek services to cope with the death of a spouse or loved one. Economic stress was noted, but did not lead to efforts

to access mental health services. Terrell & Terrell (1984) suggested that African Americans with high levels of mistrust are more likely to terminate therapy prematurely.

Asbury, et al., (1994) conducted an empirical study of African American participation in rehabilitation services that may have relevance for attrition rates noted among African Americans in therapy. The results of discriminant analysis indicated that perception of provider competence, self-esteem, emotional support, and attitude toward seeking services were significant predictors of seeking service. Racial similarity, perception of provider competence, and perceptions of the service process determined continued participation.

Given the referral and service provider selection patterns of African Americans, it seems important to carefully examine beliefs, attitudes, understandings, and expectations of the African American community regarding mental health service providers and use. This study considers community attitudes toward psychotherapy and psychotherapists through the use of focus groups. Focus group queries were developed to allow in depth discussion of variables previously related to African American mental health utilization patterns. It was felt that research supported close examination of racial similarity, perceptions of process, and provider competence and credibility.

Methods

The focus group is a qualitative research strategy that uses a semi-structured discussion format. The group facilitator begins the process and moves the discussion along with the aid of discussion questions. However, the specific content and order of content are driven by participants' responses (Stewart & Shamdasani, 1990). It is a technique used to explore understudied issues or topics.

Participants

Twenty-four, mixed sex focus groups were conducted in an urban, Midwestern city. Groups ranged in size from 3 to 12 members. Participants were volunteers recruited via newspaper advertisements and posted announcements. A total of 201 African Americans, 134 females and 66 males, participated in discussions. One participant did not provide information on gender. Participants ranged in age from 18 to 74 years, with a mean age of 35.8 years, SD=12.9 years. The average education was 14 years, with a range of 8 to 22 years. Participant incomes ranged from 0 to $150,000, with a mean of $19,322 and a median income level of $18,000. Mental health professionals, family members of consumers, consumers, as well as a large number of participants with no direct experience with mental health, participated.

Focus Group Methodology

All focus groups were conducted by an African American female, psychologist with eight years of experience conducting focus groups with African Americans. An African American counseling graduate student assisted. Focus groups were 1 1/2 hours long and examined mental health attitudes, views on therapy, and therapists. The following probes were used to address mental health attitudes.

1. When should psychotherapy be considered? What types of problems require psychotherapy?

2. Describe your image of a psychologist. Describe your image of a therapist. Describe your image of a counselor. Who would you prefer to see?

3. Does race matter in the selection of a therapist? Does gender matter in the selection of a therapist? Does ethnicity matter in the selection of a therapist?

4. What characteristics would you look for in the mental health facility you attended? What characteristics would you look for in the mental health facility you recommended to a family member? What characteristics would you look for in a therapist you saw? What characteristics would you look for in a therapist you recommended to a family member?

5. Should therapists of a different race or ethnicity discuss race or ethnicity during the initial phase of therapy?

6. What goals would you set for therapy? What would you want to accomplish in therapy?

7. What do you think of people who seek therapy? How would you feel if others know you were seeking therapy?

While the group facilitator began the process and moved the discussion along with the aid of discussion probes, the specific content and order of the discussion was driven by participants' responses (Stewart and Shamdasani, 1990). All sessions were audio taped and each session's audiotape was transcribed and independently reviewed by the first and third authors, as well as two African American student assistants. In addition, an assistant completed detailed field notes based on sessions and debriefing discussions documented shortly after group discussions. Impressions were consolidated into a list of themes and issues based on the independent review of transcripts, field notes, and the debriefing notes.

Procedure

Focus groups were conducted from May 2000 through November 2000. Participants were greeted and escorted to the meeting room by the first author or an undergraduate assistant. Name tags were provided and participants were provided with light snacks. A brief

demographic questionnaire, the Life Stressor and Social Support Scale, and the Coping Responses Inventory were administered prior to the discussion. Following the group discussion, participants were provided with a twenty-dollar stipend.

Results

Participants reported that the primary reasons to seek therapy were schizophrenia, depression, and suicidal ideation. These disorders suggest that seeking therapy is associated with serious mental illness. Drug and alcohol abuse, rape, child sexual abuse, and domestic violence were cited as major life events or traumas requiring therapeutic intervention. Finally, grief and attempts to cope with life stressors (i.e., relationships, finances, discrimination, etc.) were identified as appropriate reasons to seek professional mental health services.

The barriers to seeking mental health services included cultural beliefs, such as a belief in the need to resolve family concerns within the family and the expectation that African Americans demonstrate strength. Despite the sense that therapy was required to address certain issues, participants reported that they lacked sufficient knowledge of the signs and symptoms of mental illness, or information on the services available. The stigma of mental illness, with its associated embarrassment and shame, were noted by individuals who received services, as well as those with no prior experience with mental health services, as a significant barrier to mental health services. In addition, cost was noted as a significant barrier to seeking mental health treatment.

Psychologists. Psychologists were described as older white males, who were unsympathetic, uncaring, and unavailable. Participants who had sought therapy noted the difficulty in locating African American or ethnic minority therapists. Psychologists were

described as elitist and too far removed from the community to be of assistance to most African Americans. Participants reported a belief that psychologists, unlike social workers and counselors, failed to participate in community education, prevention, and outreach. Participants noted a reluctance to trust professions not active in the African American community and activities directed toward the well-being of the community.

Lack of Trust. Participants reported that while psychotherapy might be beneficial, most psychologists and psychotherapists lacked an adequate knowledge of African American life and struggles to accept or understand them. Participants discussed the stereotypes of African Americans in the larger society and challenged the ability of psychologists and psychotherapists to be free of the attitudes and the beliefs of the larger society.

Psychotherapy. Psychotherapy was described as an invasive, impersonal strategy to gain relief from distress. The lack of trust in providers made the use of this strategy appear intimidating. Psychotherapy was perceived as a costly luxury. Participants reported that they were disturbed by the inability of therapists to explain clearly the goals of therapy, how it would help, and to provide reasonable time limits to reach goals. Interestingly, participants reported a preference for therapies that focused on the provision of tools and strategies that promoted successful coping rather than insight oriented issues or resolution of specific problems.

Cultural Sensitivity. Participants reported a preference that race not matter in the provision of mental health services, but a vague fear that it did. Most participants reporting this attitude noted that it was based on sensitivity to the issues and experiences that the African American community has historically confronted. Participants believed that therapists were often influenced by frequently encountered stereotypes of African Americans. They noted that

African American psychologists could be too far removed from the culture and as insensitive as non African American therapists. While some participants reported a belief that few if any of the therapies in use were developed with African American treatment in mind, others noted that this was not necessary when treating serious, persistent mental illness.

Conclusion

There is a need for psychology to increase its outreach efforts in the African American community. More positive and accurate images of psychology and psychologists will facilitate community willingness to view psychologists specifically and psychotherapists generally, as sources of assistance for emotional and interpersonal crises and difficulties. Increased cultural competency may facilitate the type of positive experiences necessary to improve psychologists' and psychotherapists' image in the African American community.

Therapists must be prepared to provide clear statements of therapy goals, benefits, and anticipated timeframes for treatment when this can be specified, or explanations for the inability to do so. The ability to provide "early motivators", a sense that improvement will occur, and that problems can be resolved will encourage treatment persistence. Participants also reported a desire for a therapeutic approach that emphasized the development of a relationship. The therapeutic relationship should acknowledge and respect the client's perspective of the problem. Participants indicated concern regarding the emphasis placed on diagnosis and the use of psychological "jargon". African American willingness to seek psychotherapy will increase as a trust develops with positive exposure to psychologists and psychotherapists.

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